



Athlete Concussion Medical Report Form

This form serves as an aid to medical professionals to inform an athlete's team staff regarding the diagnosis of concussion following an impact during a ringette activity. The form must be completed by a qualified physician.

<u>STEP 1:</u> Release for Disclosing Personal Health Information (see over) MUST be completed by athlete/parent/guardian prior to physician assessment		
<u>STEP 2:</u> Physician Athlete Assessment		
1. Does the athlete have a concussion now?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. Did the athlete suffer a concussion and symptoms are now resolved?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Answers	Action Items	
1. YES 2. NO	Follow advice of Physician for immediate management steps and Concussion Return-to-play guidelines	
1. NO 2. YES	Follow Concussion Return-to-play guidelines	
1. NO 2. NO	May return to full ringette activities immediately	



Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize _____
(Print your name) *(Print name of health information custodian)*

to disclose:

my personal health information consisting of the information provided regarding my injury as requested in the "Athlete Concussion Medical Report Form".

Or

the personal health information of _____
(Name of person for whom you are the substitute decision-maker)*

consisting of the information provided regarding the injury as requested in the "Athlete Concussion Medical Report Form".

to _____
(Print name of the Head Coach/Trainer and Ringette Association requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____ **Address:** _____

Home Telephone or Mobile Telephone: _____

Signature: _____ **Date:** _____

Witness Name: _____ **Address:** _____

Home Telephone or Mobile Telephone: _____

Signature: _____ **Date:** _____

***Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**